

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 671

Introduced by Assembly Member Logue

February 21, 2013

An act to amend Section ~~1367~~ 39601.5 of the Health and Safety Code, relating to ~~health care service plans~~ *the State Air Resources Board*.

LEGISLATIVE COUNSEL'S DIGEST

AB 671, as amended, Logue. ~~Health care service plans. State Air Resources Board: regulations; data sets.~~

Existing law generally designates the State Air Resources Board as the state agency with the primary responsibility for the control of vehicular air pollution, and air pollution control districts and air quality management districts with the primary responsibility for the control of air pollution from all sources other than vehicular sources. The law requires the state board to adopt standards, rules, and regulations necessary to carry out its duties, including administering the California Global Warming Solutions Act of 2006 and implementing the federal Clean Air Act. The law requires the state board to make available to the public certain information related to air quality and its impacts before the comment period for any regulation proposed for adoption by the state board.

This bill would also require the state board to make available to the public all data sets upon which the state board relies in its research and adoption of these regulations.

The bill would also correct an erroneous cross-reference.

~~Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans~~

~~by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan to meet specified requirements.~~

~~This bill would make a technical, nonsubstantive change to that provision.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ yes.

State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. *Section 39601.5 of the Health and Safety Code*
2 *is amended to read:*

3 39601.5. (a) The state board shall make available to the public
4 all information described in paragraph ~~(2)~~ (3) of subdivision (b)
5 of Section 11346.2 of the Government Code, related to, but not
6 limited to, air emissions, public health impacts, and economic
7 impacts, before the comment period for ~~any~~ a regulation proposed
8 for adoption by the state board. *The state board shall also make*
9 *available to the public data sets upon which the state board relies*
10 *in its research and adoption of these regulations.*

11 (b) In meeting the requirement of subdivision (a), the state board
12 shall not release proprietary, confidential, or otherwise legally
13 protected business information. The state board shall release
14 information in aggregated form, where necessary, to protect
15 proprietary, confidential, or otherwise legally protected business
16 information.

17 ~~SECTION 1. Section 1367 of the Health and Safety Code is~~
18 ~~amended to read:~~

19 ~~1367. A health care service plan and, if applicable, a specialized~~
20 ~~health care service plan shall meet the following requirements:~~

21 ~~(a) Facilities located in this state including, but not limited to,~~
22 ~~clinics, hospitals, and skilled nursing facilities to be utilized by~~
23 ~~the plan shall be licensed by the State Department of Public Health,~~
24 ~~where licensure is required by law. Facilities not located in~~
25 ~~California shall conform to all licensing and other requirements~~
26 ~~of the jurisdiction in which they are located.~~

27 ~~(b) Personnel employed by or under contract to the plan shall~~
28 ~~be licensed or certified by their respective board or agency, where~~
29 ~~licensure or certification is required by law.~~

1 ~~(e) Equipment required to be licensed or registered by law shall~~
2 ~~be so licensed or registered, and the operating personnel for that~~
3 ~~equipment shall be licensed or certified as required by law.~~

4 ~~(d) The plan shall furnish services in a manner providing~~
5 ~~continuity of care and ready referral of patients to other providers~~
6 ~~at times as may be appropriate consistent with good professional~~
7 ~~practice.~~

8 ~~(e) (1) All services shall be readily available at reasonable times~~
9 ~~to each enrollee consistent with good professional practice. To the~~
10 ~~extent feasible, the plan shall make all services readily accessible~~
11 ~~to all enrollees consistent with Section 1367.03.~~

12 ~~(2) To the extent that telemedicine services are appropriately~~
13 ~~provided through telemedicine, as defined in subdivision (a) of~~
14 ~~Section 2290.5 of the Business and Professions Code, these~~
15 ~~services shall be considered in determining compliance with~~
16 ~~Section 1300.67.2 of Title 28 of the California Code of~~
17 ~~Regulations.~~

18 ~~(3) The plan shall make all services accessible and appropriate~~
19 ~~consistent with Section 1367.04.~~

20 ~~(f) The plan shall employ and utilize allied health manpower~~
21 ~~for the furnishing of services to the extent permitted by law and~~
22 ~~consistent with good medical practice.~~

23 ~~(g) The plan shall have the organizational and administrative~~
24 ~~capacity to provide services to subscribers and enrollees. The plan~~
25 ~~shall be able to demonstrate to the department that medical~~
26 ~~decisions are rendered by qualified medical providers, unhindered~~
27 ~~by fiscal and administrative management.~~

28 ~~(h) (1) Contracts with subscribers and enrollees, including~~
29 ~~group contracts, and contracts with providers, and other persons~~
30 ~~furnishing services, equipment, or facilities to or in connection~~
31 ~~with the plan, shall be fair, reasonable, and consistent with the~~
32 ~~objectives of this chapter. All contracts with providers shall contain~~
33 ~~provisions requiring a fast, fair, and cost-effective dispute~~
34 ~~resolution mechanism under which providers may submit disputes~~
35 ~~to the plan, and requiring the plan to inform its providers upon~~
36 ~~contracting with the plan, or upon change to these provisions, of~~
37 ~~the procedures for processing and resolving disputes, including~~
38 ~~the location and telephone number where information regarding~~
39 ~~disputes may be submitted.~~

~~(2) A health care service plan shall ensure that a dispute resolution mechanism is accessible to noncontracting providers for the purpose of resolving billing and claims disputes.~~

~~(3) On and after January 1, 2002, a health care service plan shall annually submit a report to the department regarding its dispute resolution mechanism. The report shall include information on the number of providers who utilized the dispute resolution mechanism and a summary of the disposition of those disputes.~~

~~(i) A health care service plan contract shall provide to subscribers and enrollees all of the basic health care services included in subdivision (b) of Section 1345, except that the director may, for good cause, by rule or order exempt a plan contract or any class of plan contracts from that requirement. The director shall by rule define the scope of each basic health care service that health care service plans are required to provide as a minimum for licensure under this chapter. Nothing in this chapter shall prohibit a health care service plan from charging subscribers or enrollees a copayment or a deductible for a basic health care service or from setting forth, by contract, limitations on maximum coverage of basic health care services, provided that the copayments, deductibles, or limitations are reported to, and held unobjectionable by, the director and set forth to the subscriber or enrollee pursuant to the disclosure provisions of Section 1363.~~

~~(j) A health care service plan shall not require registration under the Controlled Substances Act of 1970 (21 U.S.C. Sec. 801 et seq.) as a condition for participation by an optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3 of the Business and Professions Code.~~

~~Nothing in this section shall be construed to permit the director to establish the rates charged subscribers and enrollees for contractual health care services.~~

~~The director's enforcement of Article 3.1 (commencing with Section 1357) shall not be deemed to establish the rates charged subscribers and enrollees for contractual health care services.~~

~~The obligation of the plan to comply with this section shall not be waived when the plan delegates any services that it is required to perform to its medical groups, independent practice associations, or other contracting entities.~~

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